

\*Refer to the completed form following this page as an example.

Department of Health and Family Services  
Division of Disability and Elder Services  
DDES-919 D (5/03)

42 CFR 441

**DECLARATION REGARDING TRANSFER OF RESOURCES**  
LONG-TERM CARE MEDICAID WAIVER PROGRAMS

Care Manager: Complete this form at application or at review and send it to your Economic Support Unit for evaluation of a possible divestment when a Group A (SSI, SSI-E, 1619, Katie Beckett) participant/applicant answers "Yes" to either one of the following questions :

1. **"Have you or your spouse sold, traded, transferred or given away property, land, stocks, bonds, cash, vehicles, or anything of value in the past 36 months?"**  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. **Except for exempt burial trusts, " Have you or your spouse created a trust, or have you added funds to a trust within the last 5 years?"**  
YES \_\_\_\_\_ NO \_\_\_\_\_

Applicant/Participant's Name \_\_\_\_\_

Participant's Medicaid Number \_\_\_\_\_

ITEM(S) TRANSFERRED	TYPE OF TRUST ESTABLISHED (If funds were added to trust, so indicate)	Approx. value	Transfer date, or date trust was established, or date funds were added to trust	Write name of person to which property was transferred and his/her relationship to the applicant/participant
1.				
2.				
3.				

Participant's Signature

Month/Day/Year

\_\_\_\_\_

\_\_\_\_\_

*Record any additional transfers or trust establishments on the reverse of this form.*

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3. "Have you or your spouse sold, traded, transferred or given away property, land, stocks, bonds, cash, vehicles, or anything of value in the past 36 months?"

YES   X   NO       

4. Except for exempt burial trusts, "Have you or your spouse created a trust, or have you added funds to a trust within the last 5 years?"

YES   X   NO       

Applicant/Participant's Name Michael Smith

Participant's Medicaid Number 399 99 9999 0

ITEM(S) TRANSFERRED	TYPE OF TRUST ESTABLISHED (If funds were added to trust, so indicate)	Approx. value	Transfer date, or date trust was established, or date funds were added to trust	Write name of person to which property was transferred and his/her relationship to the applicant/participant
1. Car		\$10,000	11/04/02	Margaret Smith, niece
2.	Revocable Trust	\$50,000	08/30/1999	Peter Bergman, grandson
3. Savings Acct.		\$ 4,000	10/10/1998	Terrence Gladstone, friend

Participant's Signature

\_\_\_\_\_

Month/Day/Year

06/26/03

*Record any additional transfers or trust establishments on the reverse of this form.*